



**Arizona Department of
Economic Security**

Division of Developmental Disabilities



Providing news
from the Division
to Therapists about
therapy services
topics

e-Therapist Bulletin

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Articles are written by Karen Kittle, Division Director of Program Development and Policy, in collaboration with Division Administration and Division Business Operations staff. Please contact Karen by email at kkittle@azdes.gov or by phone at 602-364-2855 with questions or comments. Site Code 791A, P.O. Box 6123, 1789 West Jefferson St. 4th NW, Phoenix, AZ 85005-6123

Children's Rehabilitative Services (CRS) Contracts

In preparation for the upcoming procurement for Children's Rehabilitative Services (CRS) contracts, the Arizona Department of Health Services (ADHS) is seeking input from a variety of stakeholders, which will be pursued to identify potential opportunities for improvement of the program. Comments about CRS can be sent to

CRS_feedback@azdhs.gov

COMING SOON:

UPDATE AND PREPARATION FOR UPCOMING CHANGES IN RATES

The Division of Developmental Disabilities (Division) plans to implement a change in therapy service rates. The change will impact vendors' billing rates and the billing rules associated with those rates. This change will be implemented in October, 2007. Please continue to bill in the present manner until you are informed of the specific changes. Services affected by these changes will be:

- Occupational Therapy
- Physical Therapy
- Speech Therapy

The current therapy rates incorporate the vendor's travel time associated with service delivery. The change will base rates on the location of the consumer's residence. In preparation for this change, vendors will need to know the zip code(s) for their respective service delivery area(s). Vendors should make certain they have or can obtain this information. Addresses and zip codes can be found on the consumer's Planning Document to help determine the proper billing rate. A zip code tool will be placed on the Division's website to assist you with identifying rates.

Keep in mind that we anticipate implementing the state FY08 provider increase to the existing rates. This means current rates will remain operational in the system for invoices submitted in August for July services. However, invoices submitted in September for August (and July re-bills) will need to bill the NEW rates to reflect the provider increase, which will be published by September 1, 2007. Please be aware that after September, only NEW rates for both provider increases and zip code determinants will pass payment audits.

Billing Note by Kim Maldonado

The Division has a new Benefits Coordinator: **Micki Goeglein**. Micki can be reached at 602-542-6885 or by email at MGoeglein@azdes.gov. Continue to fax your waiver requests to 602-542-8193 to Micki's attention. She brings many years of experience to the Division from both Arizona Health Care Cost Containment System (AHCCCS) and the insurance industry. Welcome Micki!

A couple of reminders when billing insurance companies: Enter your National Provider Indicator (NPI) on your new CMS-1500 form in box 33a.

Do not use those CMS-1500 forms dated 12/90. Insurance companies are now denying claims with the older form format.

If you have insurance billing training questions, please call me at 520-742-7679 x 121.

Division of Developmental Disabilities

Documentation for Evaluations:

The Division has had some problems with documentation for evaluations and billing statewide. Here are some reminders:

1. All areas of each discipline require documentation according to their professional standard. During the evaluation if there is non-compliance of the consumer/ parent/caregiver this should be stated in the evaluation. Observations can be made and noted while taking developmental/medical history from the parent/ caregiver for evaluations when testing becomes difficult.
2. Evaluations require a summary of the results, prior to making recommendations.
3. Recommendations must document the scope, duration & frequency of service.
4. Goals should use language reflective of functional outcomes; for example:
 - The Occupational Therapist may state: "to improve grasp". To improve grasp by holding a bottle would be considered a functional outcome.
 - The Speech Therapist may state: "provide sensory stimulation around the mouth". The functional goal would be to "provide sensory stimulation around the mouth/face to increase textures for feeding".
 - The Physical Therapist may have a double goal such as "improve child to a half kneel to stand", followed with "to stand" as the second goal. The outcome should be to walk/cruise along the couch while reaching for toys and maintaining balance.
5. Billing for an evaluation completed over the telephone or using a school report as the basis for recommendations is prohibited. Billing for evaluations using these methods is considered unethical and fraudulent.

GENERAL:

- When using a therapy assistant (i.e. Occupational Therapy Assistant or Physical Therapy Assistant) a plan must be made by the licensed therapist. This plan must be monitored according to the regulatory statute for that specific discipline. The Division is receiving complaints from parents who have been denied access to the regulations and the licensing board's telephone number and address. In accordance with statute, this information must be provided by therapists when requested.
- The therapist must maintain appropriate, legible documentation of each session. A summary of each session must also be submitted in a monthly report.
- The therapist must submit quarterly reports 15 days prior to the end of the quarter and/or service authorization.
- The therapist must submit a recommended discharge date to the support/service coordinator 10 days prior to the scheduled Planning Meeting.
- The therapist must provide documentation of collaboration with other professionals including a brief note of the discussion and the respective recommendations.
- The therapist must submit the Planning Document update to the Support Coordinator 15 days prior to the annual Planning Meeting date.

Equal Opportunity Employer/Program * Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-0419; TTY/TTD Services: 7-1-1.



EXIT DOCUMENTATION:

The Division has received questions regarding the criteria and requirements for documentation when therapy services are ending. The following is intended to identify elements for best practice related to exit documentation.

Exit documentation must be prepared when:

- Non-compliant behavior, documented for at least 3 months, interferes with progression towards outcomes. The presence of caregivers at all sessions and exit recommendations must be part of this documentation.
- Short term outcomes for skilled therapy have not changed in 3 - 6 months per documentation, including modifications made to achieve outcomes.
- Clear documentation has been recorded in the daily notes regarding communication with caregivers and the support/service coordinator for a planned exit from therapy services or transition to a maintenance program.
- The program has shown progress and the consumer is ready to transition to a maintenance program. Teaching and monitoring of the program will be documented for all home programs. Documentation is to include 'returned demonstration' of techniques that are implemented safely with competence of the caregiver or other providers. Daily notes are required.
- The "Denial or Change of Service Notification" has been documented in compliance with policy and procedure and has been sent to the support coordinator within 30 days.
- Needs, outcomes, performance measures, and appropriate follow-up resources have been identified in order to implement a discontinuance of services or transition plan.
- Discontinuation of service is recorded in the Planning Document. A Planning Meeting can be called at any time with notification to other team members and does not require waiting for the annual Planning Meeting; and/or:
- There is a plateau in progress in accordance with the professional licensing standards for discontinuance of therapy services, and the scope of practice, as documented in daily notes.

CLARIFICATION:

The Division has received questions which seem to indicate some confusion about the criteria, purpose and transition plans for various categories of therapy. It is hoped that the following information will answer some of these questions.

Acute/Rehabilitative Therapy: Care designed to restore function and /or teach accommodation or compensatory strategies for a loss of function due to an acute accident or illness. A distinction is made between Acute/Rehabilitation Therapy paid by Health Care Plans versus Arizona Health Care Cost Containment System (AHCCCS) Habilitation Therapy paid by the Division of Development.

Habilitation Therapy: A facilitative therapy: Care designed to bring about functioning not previously present due to developmental delay.

Skilled Therapy: Care that requires:

1. A level of complexity that is preformed by a licensed professional therapist
2. Knowledge and skill specific to complex techniques needed to enhance development
3. Judgment necessary to implement complex techniques

Transition: A plan put in place to assist professionals, family/caregivers, and the consumer for preparation of a change in care when skilled therapy is no longer required. The Regulatory License Board and Arizona Health Care Cost Containment System (AHCCCS) require that exit criteria be documented when skill therapy is no longer required.



District I

Leah Gibbs

(Therapy Network Coordinator)

Site Code 868F-2

4000 N. Central

Suite 900

Phoenix, AZ 85012

602-246-0546 x13171

Fax 602-246-0880

LGibbs@azdes.gov

Kathy Hornburg (part-time)

(Therapy Network Coordinator)

602-246-0546 x13170

KHornburg@azdes.gov

District IV—South (Yuma)

Michael Merryman

(Therapy Network Coordinator)

Site Code 433F

1220 S. 4th Ave

Yuma, AZ 85364

928-782-7523 x 206

Fax 928-343-0232

MMerryman@azdes.gov

District VI

Linda Southwell

(Therapy Network Coordinator)

Site Code 631F

1938 Thatcher Boulevard

Safford, AZ 85546

928-428-0474 x 1140

Fax 928-348-7725

LSouthwell@azdes.gov

District II

Denise Kinkade

(Therapy Network Coordinator)

Site Code 275F

P.O. Box 13178

Tucson, AZ 85732-3178

520-745-5588 x 1133

Fax 520-748-8765

DKinkade@azdes.gov

District IV—North (La Paz & Mohave)

Tamara McIntosh-Gall

(Therapy Network Coordinator)

Site Code 402F

519 E. Beale Street

Kingman, AZ 86401-5940

928-453-7171

Fax 928-718-1834

TMcIntosh@azdes.gov

Central Office

Kim Maldonado

(Third Party Liability Trainer)

Site Code 251C

7225 N. Mona Lisa—Ste 202

Tucson, AZ 85741

520-742-7679 x 121

Fax 520-742-1045

KMaldonado@azdes.gov

District III

Carol Carlton

(Therapy Network Coordinator)

Site Code 300F

2705 N. 4th Street

Flagstaff, AZ 86004

928-773-4957

Fax 928-773-8496

CCarlton@azdes.gov

District V

Peggy Lopez

(Therapy Network Coordinator)

Site Code 518F

110 S. Idaho Rd—Ste 240

Apache Junction, AZ 85219

480-474-3973

Fax 480-982-7231

PeggyLopez@azdes.gov

Central Office

Karen Kittle

(Director of Program Development & Policy)

Site Code 791A

1789 W. Jefferson—4th Floor

Phoenix, AZ 85007-3202

602-364-2855

Fax 602-364-1322

KKittle@azdes.gov